

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail			
SECTION I - GENERAL GRANT INFORMATION							
¹ Grant #: 03410-1457-15				² Original <input type="checkbox"/>		Amendment # <input type="checkbox"/> 1	
³ Grant Title: Healthfirst, Inc.							
⁴ Amount Previously Awarded: \$55,000.00		⁵ Amount Awarded This Action: \$0.00		⁶ Total Award Amount: \$55,000.00			
⁷ Award Start Date: 01/21/2015		⁸ Award End Date: 01/26/2016		⁹ Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
¹⁰ Vendor #: 336457		¹¹ Grantee Name: Healthfirst Inc.,					
¹² Grantee Address: 1 Mill Street, Chase Mill- Suite 310							
¹³ City: Burlington				¹⁴ State: VT		¹⁵ Zip Code: 05401	
¹⁶ State Granting Agency: Agency of Human Services						¹⁷ Business Unit: 03410	
¹⁸ Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		¹⁹ Match/In-Kind: \$0.00		Description:			
²⁰ If this action is an amendment, the following is amended: Amount: <input type="checkbox"/> Funding Allocation: <input type="checkbox"/> Performance Period: <input checked="" type="checkbox"/> Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>							
SECTION II - SUBRECIPIENT AWARD INFORMATION							
²¹ Grantee DUNS #: 052330293				²² Indirect Rate: 0.00 % <small>(Approved rate or de minimis 10%)</small>		²³ FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
²⁴ Grantee Fiscal Year End Month (MM format): 6						²⁵ R&D: <input type="checkbox"/>	
²⁶ DUNS Registered Name (if different than VISION Vendor Name in Box 11): Healthfirst Inc.							
SECTION III - FUNDING ALLOCATION							
STATE FUNDS							
Fund Type		²⁷ Awarded Previously	²⁸ Award This Action	²⁹ Cumulative Award	³⁰ Special & Other Fund Descriptions		
General Fund				\$0.00			
Special Fund				\$0.00			
Global Commitment (non-subrecipient funds)				\$0.00			
Other State Funds				\$0.00			
FEDERAL FUNDS <small>(includes subrecipient Global Commitment funds)</small>					Required Federal Award Information		
³¹ CFDA#	³² Program Title	³³ Awarded Previously	³⁴ Award This Action	³⁵ Cumulative Award	³⁶ FAIN	³⁷ Fed Award Date	³⁸ Total Federal Award
93.624	State Innovation Models: Funding for Model Design	\$55,000.00		\$55,000.00	11G1CMS331181	04/01/2013	\$45,000,000.00
³⁹ Federal Awarding Agency: Centers for Medicare and Medicaid (CMMI)				⁴⁰ Federal Award Project Descr: Support for Vermont to test payment methodologies and care delivery models.			
				\$0.00			
Federal Awarding Agency:				Federal Award Project Descr:			
				\$0.00			
Federal Awarding Agency:				Federal Award Project Descr:			
				\$0.00			
Federal Awarding Agency:				Federal Award Project Descr:			
				\$0.00			
Federal Awarding Agency:				Federal Award Project Descr:			
Total Awarded - All Funds		\$55,000.00	\$0.00	\$55,000.00			
SECTION IV - CONTACT INFORMATION							
⁴¹ STATE GRANTING AGENCY				⁴² GRANTEE			
NAME: Leah Korce				NAME: Amy Cooper			
TITLE: Grants Management Specialist				TITLE: Executive Director			
PHONE: (802) 241-0243				PHONE: (802) 878-8811			
EMAIL: leah.korce@vermont.gov				EMAIL: ac@vermonthealthfirst.org			

AMENDMENT

It is agreed between the State of Vermont, Department of Vermont Health Access (hereinafter called "State") and Healthfirst, Inc., (hereinafter called "Contractor") with principal place of business at Williston, VT that the contract dated January 21, 2015 is to be amended July 1, 2015 as follows:

1. By striking out on page 1, item #4, of the Base agreement and substituting the following:

4. Grant Term. The period of Contractor's performance shall begin on **January 21, 2015** and end on **January 26, 2016**

Work performed between July 1, 2015 and the signing or execution of this agreement that is in conformity with Attachment A may be billed under this agreement.

This amendment consists of 2 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant #03410-1457-15 dated January 21, 2015 shall remain unchanged and in full force and effect.

By the STATE OF VERMONT

By the CONTRACTOR

Signature: _____
Steven Costantino, Commissioner Date
Department of Vermont Health Access (DVHA)
312 Hurricane Lane, Suite 201
Williston, VT 05495-2087
Phone: 802-879-5901
Email: steven.costantino@state.vt.us

Signature: _____
Amy Cooper, Executive Director Date
Healthfirst, Inc.
P.O. BOX 2124
South Burlington, VT 05407-2124
Phone: 802-878-8811
Email: ac@vermonthhealthfirst.org